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APPLICATION NUMBER

FILING OR 371 (c) DATE

FIRST NAMED APPLICANT

ATTY. DOCKET NO./TITLE

10/541,087

BAYER HEALTHCARE LLC

SHAWNEE MISSION, KS 66201

04/10/2006

Norbert Mencke

AH/LEA 36544

CONFIRMATION NO. 4064



OC000000025486489

Date Mailed: 08/21/2007

NOTICE OF ACCEPTANCE OF POWER OF ATTORNEY

This is in response to the Power of Attorney filed 08/14/2007.

The Power of Attorney in this application is accepted. Correspondence in this application will be mailed to the above address as provided by 37 CFR 1.33.

Office of Initial Patent Examination (571) 272-4000, or 1-800-PTO-9199 OFFICE COPY



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Norbert Mencke

AH/Le A 36 544

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OC000000025486464

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Date Mailed: 08/21/2007

NOTICE REGARDING CHANGE OF POWER OF ATTORNEY

This is in response to the Power of Attorney filed 08/14/2007.

• The Power of Attorney to you in this application has been revoked by the assignee who has intervened as provided by 37 CFR 3.71. Future correspondence will be mailed to the new address of record(37 CFR 1.33).

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